

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M.D., Director

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GUY P. JONES
EDITOR

Many Deaths From Heart Disease

Diseases of the heart and circulatory system caused 23.9 per cent of all deaths in California last year. In 1920, diseases of the heart and circulatory system caused 17 per cent of all deaths in California. There were 8013 deaths from this cause out of a total of 47,124 deaths from all causes in the year 1920. In 1929, there were 15,620 deaths from heart disease out of a total of 65,363 deaths from all causes. The increase in the numbers and percentages of deaths from heart disease in California during the past ten years has been gradual, but persistent. The increase, however, casts no reflection upon the health resources of California, particularly when it is noted that more than 60 per cent of all deaths from heart disease in this state last year were in persons more than 65 years of age, and almost 20 per cent of such deaths were in persons who were between 55 and 64 years of age. Men must, of necessity, die of some condition. The following table indicates the distribution of deaths from diseases of the circulatory system last year, by age groups:

Most of these deaths indicate a wearing out of the human machinery. A certain proportion of them, however, are preventable, or at least, under proper care, the lives of many individuals who suffer from heart disease can be extended. The prevention of many communicable diseases of childhood is of importance in the prevention of heart disease in later life. Diseases such as diphtheria, scarlet fever and other communicable diseases, develop powerful toxins which are prone to damage the hearts of young victims. Very often the signs of this damage do not become conspicuous before the victim reaches adult age. The prevention of damaging infections in childhood is undoubtedly a factor in the prevention of many cases of heart disease in later life.

The following table shows the numbers of deaths from heart disease during the past ten years, together with the total numbers of deaths from all causes, and the percentages of deaths from heart disease to deaths from all causes:

California, 1929			Deaths from heart disease and diseases of circulatory system			
Distribution by Age Groups			Year	Total deaths	system	Percentages
Age group	No. of deaths	Per cent				
Under 1 year	24	0.2	1929	65,363	15,620	23.9
1 to 4 years	20	0.1	1928	66,249	14,815	22.4
5 to 14 years	81	0.5	1927	61,430	13,571	22.0
15 to 24 years	174	1.1	1926	58,742	12,254	20.8
25 to 34 years	350	2.3	1925	56,707	11,262	19.8
35 to 44 years	749	4.8	1924	56,751	10,572	18.6
45 to 54 years	1,704	10.9	1923	54,416	9,632	17.7
55 to 64 years	2,999	19.2	1922	51,968	9,204	17.7
Over 65 years	9,519	60.9	1921	47,379	8,370	17.7
			1920	47,124	8,013	17.0
Totals	15,620	100.0	Totals	566,129	113,313	

MENTAL HYGIENE AS A PUBLIC HEALTH PROBLEM

The tremendous increase in the numbers of cases of mental disease has aroused a great interest in the public health aspects of the many problems involved in the promotion of mental hygiene. Many important agencies are engaged in activities that may lead to the prevention of mental disease and quantities of printed material upon the subject are being distributed. The soundest discussions upon the subject are those which place stress upon proper habit and character training in childhood. We may immunize against diphtheria and smallpox, we may correct physical defects, fill decayed teeth, remove diseased tonsils, correct faulty posture and accomplish much in the development of the child's physical welfare. These may be nullified, however, if the child is permitted to develop habits and character traits that will lead to the development of mental disease in later life. Dr. Thurman B. Rice emphasizes the importance of mental poise and "quality of life" in the following:

One system of philosophy or another may flourish or fall, it matters little; we may or may not believe in evolution, and it matters not at all; our democratic, or republican or autocratic, or plutocratic government, whichever it may be, may stand or fall; our standards of morals may change, as indeed they are rapidly changing to the dismay of many; even our religion may assume new forms, but all will be well if the quality of life remains sound. If children capable of becoming strong, well-poised men and women are being born to take up the problems of tomorrow we need have no fear of the future. But if the quality of life shall fail, neither universities nor symphony orchestras, nor cathedrals, nor philanthropic endowments, nor economic prosperity, nor battleships, nor armies, nor anything else can save a nation.

In a recent talk over the radio, Dr. William A. White of Washington, D. C., made the following statements relative to mental hygiene as an important public health problem:

Most people, when confronted by any reasonable statement of the amount of mental disease that there is in the world, of the suffering that it causes, and of the economic loss that it is responsible for, would readily agree that mental health is a public health problem of the first magnitude. For example, the simple statement that there are, roughly speaking, as many beds in the mental hospitals of this country as there are in all the other hospitals combined, will give some idea of the extent of the problem of mental health.

Disease, injury, and death have always been catastrophes which man has tried to cure or prevent by methods adopted in accordance with his lights; but physical injury and death have always attracted more attention than mental illness. This has been the case for various reasons, the principal reason of which is, perhaps, that physical conditions were earlier and more successfully explained in accordance with the known facts of science, while on the mental side man has always chosen to think of himself as a free moral agent, uncontrolled by the laws of causation as they manifest themselves in the physical world. His peculiarities of character and conduct, therefore, have not been thought of in the same way as have the manifestations of his bodily functions, either in order or out of order.

Now that the average length of life has been prolonged to approximately the age of sixty years, and we may expect on the average, to live to what could once have been considered a ripe old age, the problem of what sort of life our later years are

going to offer becomes increasingly important; for it is in these later years that the incidence of mental disease rises so rapidly.

In studying the mental afflictions which come on during the fifth and sixth decades of life, we have come to learn that they are dependent in the main upon character traits which in turn were implanted in the first years, probably the first four or five years of childhood. Therefore, we are at once forced to a recognition that we are not quite the free moral agents that we thought we were, but that, on the other hand, the mental hygiene of these first years of life becomes of maximum importance if we are to look forward with any degree of confidence to spending our last years in a reasonably contented and happy state, for this is, after all, the goal of mental hygiene.

There is another factor which makes for the importance of the mental hygiene movement which shows it at once to be a public health problem of major significance, and that is the fact as disclosed by the last census of the number of persons mentally ill in our public institutions. This census shows very clearly that mental disease as such shortens life materially, and that it shortens life in direct proportion to its severity. There are approximately some four hundred thousand persons in the public institutions for mental disease throughout the United States, and the lives of practically all of these persons reduced in span several years. When we realize again that these illnesses are, to some extent at least, dependent upon conditions in early life which did not reach the stage of actual observable mental illness until many years later, we are impressed again with the necessity of mental hygiene, particularly for these early years.

And, finally, the most astounding statistics of all are those that come to us from New York state, a state containing approximately 10 per cent of the population of the entire country. These statistics indicate that one person in every twenty-two in that great state may expect, in the course of his or her lifetime to spend some time in a hospital for mental disease. If this expectancy rate is considered in relation to the increase of mental disease in the latter part of life, to which reference has already been made and which shows a very rapid rise from about the age of fifty-five up to and beyond seventy, the indication seems forced upon us that almost everyone will develop mental disease if he only lives long enough. These facts have to be taken in conjunction with the further facts, as follows: namely, that although the average length of life has been prolonged as stated, there has been practically no increase in the expectancy of life beyond the age of fifty years. The increase in the average has been due almost entirely to the saving of children from the ravages of contagious and infectious disease. On the other hand, even though the great institutions for mental disease in our several states are built on purpose to provide a simplified environment in which the mentally handicapped patient can function, nevertheless the death rate among these patients is from six to seven times greater than that among similar age and sex groups of the general population; and so in this respect there is a constant corrective for the greatly increased numbers that are being constantly received in these institutions.

What is happening, therefore, is, we believe, that certain preventable defects, flaws, weak spots, are developed in the first few years of life, weaknesses in the very foundations of the personality, with which the individuals have to reckon the remainder of their lives, and that ultimately the constant, unremitting bombardment of life's problems breaks them down at these weak spots and thus wrecks the whole structure of the personality. This is what is meant by saying that most mental diseases are end products of many years of constantly operating stresses. It explains, too, why so many people break down apparently spontaneously during these later years of life when they have passed the period of their maximum capabilities and are beginning to grow old.

The significance of all these facts we are only beginning to see, but the more we study them, the more important it becomes for us to realize that the only adequate attack that we have upon this ever-increasing burden of mental illness is through the principles of mental hygiene, which are being slowly and painfully evolved, and the application of these principles as early as possible in life so as to insure the development of a well-rounded, efficient type of personality. This must come through a wider appreciation of the necessity of having as much regard for mental health as for physical health; and the

most important agencies through which it must come are, first, the home, and second, the educational system. A mental hygiene movement which seeks these ends needs and deserves the intelligent support of an informed public.

ACTIVITIES IN CANNERY INSPECTION

The packing of spinach and asparagus in commercial canneries throughout the state has made heavy demands upon the cannery inspection service of the State Department of Public Health during the past few weeks. Hundreds of thousands of cases of these products have been sterilized at required temperatures for specified periods of time in strict conformity with the regulations of the department. The proper cooking of these products is an essential factor in safeguarding the consuming public against any possibility of contracting illness through the use of canned products.

In addition to spinach and asparagus, the Division of Cannery Inspection has also supervised the packing of olives, sardines, tuna, mackerel and artichokes. Seventy-five canneries are under inspection constantly, and they extend from as far north as Butte County to the extreme southern border of the state.

Every cannery in the state which uses sterilizing equipment is required by law to secure a license from the State Board of Public Health. Such licenses are issued only after a complete and detailed inspection of the premises is made. Each can of foodstuffs carries a code number by which the can may be identified, regardless of the label that may be placed upon it. By means of the code number the temperature at which the can was cooked and the length of time that it was cooked can be checked, at any time, upon the records.

Twenty-six inspectors, besides a chief inspector, are employed, constantly, in the Division of Cannery Inspection, together with additional employees during the rush seasons when perishable products are packed in enormous quantities during short periods of time. These inspectors are on duty nights, days, Sundays and holidays whenever the canneries are operating.

APPLICATION FOR SEWAGE DISPOSAL PERMIT PENDING

The following application for sewage disposal permit is pending before the State Board of Public Health, final action to be taken at the next meeting of the board to be held in the State Building, San Francisco, June 7, 1930:

CAPISTRANO BEACH, Petroleum Securities Company
—Application for permit to dispose of raw sewage into Pacific Ocean, 3000 feet from low tide.

DRUG STORES ARE INSPECTED

Five inspectors of the Bureau of Foods and Drugs of the State Department of Public Health have, during the past month, made a total of 2280 inspections of drug stores, meat market, groceries, bakeries, soft drink parlors and other places where foods or drugs are manufactured or dispensed. Of these inspections, 1253 were made in the northern part of the state and 1027 were carried on in southern California. A total of 407 drug stores were inspected, 494 groceries, 236 soft drink parlors, 117 meat markets and 76 bakeries.

A total of 505 egg inspections were made. A large number of prosecutions were conducted against violators of the State Egg Standardization Law. Most of these were carried on in Imperial County, where nineteen prosecutions resulted in as many convictions, with a total of \$210 in fines collected. Inspections carried on in about fifty localities outside of Fresno revealed satisfactory conditions in most of the food dispensing establishments. Out of 132 egg inspections in this territory, fewer than 20 violations of the law were discovered, and these were only technical violations, the parties interviewed agreeing to conform immediately to the provisions of the law. There were few flagrant violations of the egg law anywhere within the state, and the prosecutions carried on in Imperial County covered only cases in which the selling of eggs unfit for human consumption was involved.

HEALTH OFFICERS NEWLY APPOINTED

Dr. Ferdinand Callsen has been appointed city health officer of Daly City to succeed Dr. A. H. Rankin, who has served his city in this capacity for a long term of years.

Mr. M. C. Johnson has been appointed city health officer and local registrar of vital statistics to succeed Mr. Loren L. Palmerton.

MORBIDITY*

Diphtheria.

46 cases of diphtheria have been reported, as follows: Alameda County 2, Berkeley 1, Oakland 2, Contra Costa County 1, Lake County 1, Los Angeles County 2, Alhambra 1, Long Beach 1, Los Angeles 10, Torrance 2, Mendocino County 2, Willits 4, Napa County 2, Placentia 1, Needles 1, San Diego County 2, San Francisco 5, Watsonville 1, Stanislaus County 1, Yuba City 1, Tulare County 2, Yolo County 1.

Scarlet Fever.

147 case of scarlet fever have been reported, as follows: Alameda County 1, Oakland 8, Sutter Creek 1, Colusa County 3, Fresno County 4, Eureka 1, Kern County 1, Hanford 1, Los Angeles County 3, Alhambra 1, Glendale 2, Huntington Park 1, Long Beach 2, Los Angeles 32, Pasadena 2, Santa Monica 1, Whittier 1, South Gate 1, Maywood 2, Bell 1, Madera County 2, Marin County 1, Sausalito 1, Fort Bragg 1, Monterey County 4, Salinas 1, Soledad 3, Orange County 1, Anaheim 1,

* From reports received on April 21st and 22d for week ending April 19th.

Santa Ana 2, Sacramento County 1, Sacramento 3, Chino 3, San Diego County 2, Escondido 1, San Diego 3, San Francisco 21, San Joaquin County 1, Stockton 1, San Luis Obispo 1, San Mateo County 1, Daly City 1, San Mateo 1, Palo Alto 7, Redding 2, Stanislaus County 3, Sutter County 1, Visalia 1, Yolo County 7.

Measles.

1766 cases of measles have been reported, as follows: Alameda County 3, Alameda 11, Albany 2, Berkeley 7, Hayward 1, Oakland 188, San Leandro 4, Gridley 18, Contra Costa County 4, Concord 1, El Cerrito 3, Pittsburg 12, Richmond 2, Crescent City 6, Fresno County 3, Fresno 26, Imperial County 6, Calexico 1, Imperial 1, Los Angeles County 153, Alhambra 9, Arcadia 6, Azusa 13, Beverly Hills 7, Compton 27, El Monte 10, Glendale 76, Huntington Park 5, Inglewood 10, Long Beach 107, Los Angeles 315, Monrovia 12, Montebello 5, Pasadena 31, Pomona 12, San Fernando 6, San Gabriel 3, San Marino 17, Santa Monica 13, Whittier 2, Lynwood 14, South Gate 19, Monterey Park 10, Signal Hill 5, Maywood 8, Tujunga 1, Bell 4, Marin County 4, Ross 1, Mariposa County 2, Los Banos 17, Merced 7, Carmel 1, King City 1, Salinas 1, Grass Valley 1, Orange County 53, Anaheim 1, Fullerton 1, Huntington Beach 2, Orange 1, Santa Ana 12, Riverside County 10, Riverside 21, Sacramento County 10, Sacramento 5, San Benito County 1, Hollister 2, San Bernardino County 5, Chino 2, Ontario 12, San Bernardino 5, Barstow 56, San Diego County 1, La Mesa 1, National City 7, San Diego 7, San Francisco 135, San Joaquin County 15, Stockton 43, San Mateo County 2, Daly City 2, San Bruno 1, Santa Barbara County 17, Santa Maria 8, Santa Clara County 28, Gilroy 1, Palo Alto 7, San Jose 12, Solano County 5, Suisun 1, Vallejo 1, Sonoma County 3, Stanislaus County 2, Modesto 6, Tulare County 5, Visalia 4, Yolo County 4, Davis 1, Winters 3, Woodland 15.

Smallpox.

77 cases of smallpox have been reported, as follows: Berkeley 2, Imperial County 12, Calexico 1, Kern County 7, Los Angeles

County 2, Inglewood 2, Los Angeles 10, Torrance 1, Gustine 3, Monterey County 1, Monterey 3, Sacramento 1, San Bernardino County 1, San Diego 1, San Francisco 3, San Joaquin County 1, Stockton 1, Benicia 1, Stanislaus County 2, Tulare County 19, Yuba County 3.

Typhoid Fever.

13 cases of typhoid fever have been reported, as follows: Amador County 2, Kern County 1, Los Angeles County 1, Beverly Hills 1, Glendora 1, Los Angeles 2, Salinas 1, Riverside County 1, Sacramento County 1, Stockton 1, California 1.†

Whooping Cough.

149 cases of whooping cough have been reported, as follows: Alameda 5, Berkeley 1, Oakland 6, Gridley 1, Del Norte County 10, Fresno 4, Eureka 1, Imperial County 1, Hanford 3, Los Angeles County 10, Alhambra 2, Compton 1, El Monte 1, Glendale 1, Inglewood 1, Long Beach 3, Los Angeles 17, Montebello 3, Pasadena 1, Santa Monica 1, Lynwood 2, South Gate 1, King City 1, Orange County 2, Anaheim 4, Fullerton 4, Orange 11, Santa Ana 2, Riverside 2, San Diego County 12, Coronado 5, San Diego 15, San Francisco 7, San Joaquin County 4, Visalia 2, Winters 2.

Meningitis (Epidemic).

14 cases of epidemic meningitis have been reported, as follows: Oakland 1, Imperial County 1, Los Angeles 3, Placentia 1, Riverside 1, Sacramento 1, Upland 1, National City 1, San Joaquin County 1, Menlo Park 1, California 2.†

Food Poisoning.

Imperial County reported 2 cases of food poisoning.

Trichinosis.

El Dorado County reported 4 cases of trichinosis.

† Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

COMMUNICABLE DISEASE REPORTS

Disease	1930				1929			
	Week ending			Reports for week ending April 19 received by April 22	Week ending			Reports for week ending April 20 received by April 23
	Mar. 29	April 5	April 12		Mar. 30	April 6	April 13	
Botulism	0	0	0	0	1	0	0	0
Chickenpox	605	734	668	345	455	498	699	521
Coccidioidal Granuloma	1	0	1	0	1	1	1	1
Diphtheria	54	61	70	46	39	37	55	52
Dysentery (Amoebic)	0	1	0	2	2	1	0	0
Dysentery (Bacillary)	1	0	0	0	4	0	1	7
Encephalitis (Epidemic)	1	1	2	0	5	0	1	1
Erysipelas	15	17	21	13	29	28	14	24
Food Poisoning	30	3	1	2	0	0	0	1
German Measles	47	40	15	10	56	20	45	37
Gonococcus Infection	101	135	156	112	109	117	125	87
Hookworm	0	3	0	0	0	0	0	0
Influenza	38	30	23	18	86	74	73	58
Leprosy	0	0	1	0	2	0	1	0
Malaria	1	1	2	1	2	0	0	1
Measles	2,328	2,340	2,695	1,766	67	53	59	109
Meningitis (Epidemic)	8	13	12	14	49	13	36	20
Mumps	895	1,023	1,007	504	403	464	582	584
Ophthalmia Neonatorum	3	1	0	1	0	1	1	0
Paratyphoid Fever	1	0	2	1	0	0	2	0
Pellagra	0	2	2	3	2	3	2	1
Pneumonia (Lobar)	68	73	63	37	139	84	71	76
Poliomyelitis	3	4	3	0	1	1	0	1
Rabies (Animal)	24	25	10	15	15	28	32	9
Scarlet Fever	187	168	166	147	399	443	529	444
Smallpox	130	105	151	77	64	65	52	77
Syphilis	158	225	194	171	132	222	152	166
Tetanus	0	2	1	0	1	2	2	2
Trachoma	4	1	5	9	11	6	8	3
Trichinosis	1	14	7	4	0	0	1	0
Tuberculosis	320	216	220	217	232	290	237	202
Typhoid Fever	1	5	6	13	7	5	2	4
Undulant Fever	2	2	0	0	1	4	0	1
Whooping Cough	211	197	271	149	222	240	325	316
Totals	5,238	5,442	5,775	3,677	2,536	2,700	3,108	2,805



Chickenpox dropped 50 per cent in prevalence last week.



Diphtheria fell to 46 cases reported.



Measles fell from 2695 to 1766 cases reported.



Mumps dropped from 1007 cases to 504 cases.



Smallpox, also, dropped 50 per cent in its prevalence.

